

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 1

2. STATE:

WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

APRIL 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(e)(12), Section 1931 of the Act

1902 (1)(3), 1902 (1)(3)(A), (B), (C)

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 50,000

b. FFY 02 \$ 50,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 2.2-A, PAGE 23c

ATTACHMENT 2.6-A, PAGE 19

ATTACHMENT 2.6-A, PAGE 21

SUPPLEMENT 2 TO ATTACHMENT 2.6-A, PAGE 1

~~REMOVE SUPP. 8b to ATTACHMENT 2.6-A, PAGE 3~~

SUPPLEMENT 12 TO ATTACHMENT 2.6-A, PAGE 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

ATTACHMENT 2.2-A, PAGE 23c

ATTACHMENT 2.6-A, PAGE 19

ATTACHMENT 2.6-A, PAGE 21

SUPPLEMENT 2 TO ATTACHMENT 2.6-A, PAGE 1

REMOVE SUPP. 8b TO ATTACHMENT 2.6-A, PAGE 3

SUPPLEMENT 12 TO ATTACHMENT 2.6-A, PAGE 2

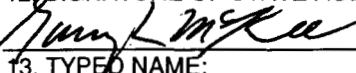

10. SUBJECT OF AMENDMENT:

ADMINISTRATIVE SIMPLIFICATION: CONTINUOUS ELIGIBILITY, REMOVAL OF ASSET TESTS

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

GARRY L. MCKEE, PH.D., M.P.H. IRIS OLESKE

14. TITLE:

DIRECTOR STATE MEDICAID AGENT

15. DATE SUBMITTED:

16. RETURN TO:

IRIS OLESKE  
STATE MEDICAID AGENT  
WYOMING DEPARTMENT OF HEALTH  
OFFICE OF MEDICAID  
154 HATHAWAY BUILDING  
CHEYENNE WY 82002**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

January 11, 2001

18. DATE APPROVED:

1/18/01

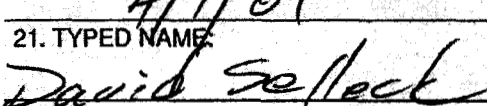
PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:



22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: unknown

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Wyoming

Citation	Groups Covered
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B. Optional Coverage Other Than the Medically Needy  
(Continued)

\_\_\_\_\_ The following reasonable classifications of children described above who are under age \_\_\_\_\_ (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

1902 (e) (12) of the Act        X   22. A child under age   19   (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of   12   months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1920A of the Act              \_\_\_\_\_ 23. Children under age 19 who are determined by a "qualified entity" (as defined in §1920A (b) (3) (A) ) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. 01-001

Supersedes

TN No. 00-007Approval Date 01/18/01Effective Date 04/01/2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Wyoming

Citation(s)	Condition or Requirement
	<input type="checkbox"/> Methods that are more liberal than those of SSI. The more liberal methods are specified in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A</u>
	<input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.
	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children through 18.
1902 (1) (3) and 1902 (r) (2) of the Act	f. <u>Poverty level infants covered under section 1902 (a) (10) (A) (i) (IV) of the Act.</u>  The agency uses the following methods for the treatment of resources:  <input type="checkbox"/> The methods of the State's approved AFDC plan.
1902 (1) (3) (C) of the Act	<input type="checkbox"/> Methods are more liberal than those in the State's approved AFDC plan (but not more restrictive, in accordance with section 1902 (1) (3) (C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u>
1902 (r) (2) of the Act	<input type="checkbox"/> Methods are more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u>  <input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Wyoming

Citation(s)		Condition or Requirement
1902 (1) (3) (A), (B) and (C) of the Act	c.	For pregnant women and infants covered under the provisions of section 1902 (a) (10) (A) (i) (IV) and 1902 (a) (10) (A) (ii) (IX) of the Act, the agency applies a resource standard.  ____ Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.  <u>X</u> No. The agency does not apply a resource standard to these individuals.
1902 (1) (3) (A) and (C) of the Act	d.	For children covered under the provisions of section 1902 (a) (10) (A) (i) (VI) of the Act, the agency applies a resource standard.  ____ Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.  <u>X</u> No. The agency does not apply a resource standard to these individuals.

TN No. 01-001  
Supersedes  
TN No. 00-001

Approval Date 01/18/01

Effective Date 04/01/2001

Revision: HCFA-PM-91-4 (BPD)  
August 1991

SUUPLEMENT 2 TO ATTACHMENT 2.6-A

Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Wyoming

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

\_\_\_ Same as SSI resources levels.

X Less restrictive than SSI resource levels and is as follows: No resource test is applied.

b. Optional Groups

\_\_\_ Same as SSI resources levels.

\_\_\_ Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____

TN No. 01-001  
Supersedes  
TN No. 97-08

Approval Date 01/18/01

Effective Date 04/01/2001

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Wyoming

## ELIGIBILITY UNDER SECTION 1931 OF THE ACT

— The agency applies higher resource standards than those in effect as of July 16, 1996, increase by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

- All resources in excess of \$1000 are disregarded. (This effectively eliminates the resource test.)
- For purposes of the 185% gross income test, income in excess of 185% is excluded.
- The first \$200.00 of an individual's earned income or the first \$400.00 of a married couple's earned income is disregarded or the standard earned income disregards are applied, whichever is more generous.
- All TANF, POWER, payments are excluded.
- In determining eligibility to arrive at the self-employment net profit amount, the State will allow a twenty-five (25) percent flat rate exclusion off the assistance unit's gross self-employment income. This exclusion is for allowable business expenses.

If the allowable business expenses are greater than the twenty-five (25) percent flat rate exclusion amount, the assistance unit shall have their self-employment net profit amount calculated using the methodology described in the July 16, 1996 AFDC State Plan. Attachment 2.3-J and in 45 CFR Section 233.30(a)(6).

X The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

— The agency continues to apply the following waivers of provisions of Part A of title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996, an approved by the Secretary on or before July 1, 1997.

TN No. 01-001  
Supersedes  
TN No. 00-005

Approval Date 01/18/01

Effective Date 04/01/2001